

EXHIBIT B



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Business Filing Portal

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[Agent/Contact Name](#)
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Corporation Details

Corporation Details		
Entity Number	1712826	
Business Name	OJM GROUP, LLC	
Filing Type	DOMESTIC LIMITED LIABILITY COMPANY	
Status	Active	
Original Filing Date	07/11/2007	
Expiry Date		
Location:	County:	State:
Agent / Registrant Information		
CORPORATE STATUTORY SERVICES, INC. 255 E. FIFTH ST. SUITE 2400 CINCINNATI, OH 45202 Effective Date: 04/09/2014 Contact Status: Active		
Incorporator Information		
JASON O'DELL		
Filings		
Filing Type	Date of Filing	Document Number/Image
ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY CO	07/11/2007	200719300270
AMEND/ARTICLES-ORGANIZATION/DOM LIMITED LIAB. CO	10/23/2008	200829701840
FICTITIOUS NAME/ORIGINAL FILING	11/19/2008	200832402018
AMEND/ARTICLES-ORGANIZATION/DOM LIMITED LIAB. CO	07/05/2012	201219100480
SUBSEQUENT AGENT APPOINT/LIMITED/LIABILITY/PARTNERS	04/09/2014	201410000054
Old Names		
Effective Date	Old Name	
10/23/2008	OJM GROUP, LLC	
07/05/2012	O'DELL JARVIS MANDELL LLC	

[Return To Search Page](#) [Return To Search List](#) [Printer Friendly Report](#)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/11/2007	200719300270	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200719300270



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 11th day of July, A.D.
2007.

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Office (614) 466-3910

Toll Free 1-877-SOS-FILE (1-877-767-3453)

www.sos.ohio.gov
Central Office: sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic Limited Liability Company (105-LCA) ORC 1705	<input type="checkbox"/> (2) Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 (Date of Formation) _____ (State) _____
---	---

Complete the general information in this section for the box checked above.

Name QNM Group, LLC

Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd., L.L.C., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date UPON FILING Date specified can be no more than 90 days after date of filing.
(mm/dd/yyyy)

This limited liability company shall exist for _____
(Optional) (Period of existence)

Purpose _____
(Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)
 (Name) _____
 (Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.
 (City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being at least a majority of the members of

OEM Group, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Jason O'Dell

(Name of Agent)

5041 Hershcock Rd. Suite 208

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

Ohio

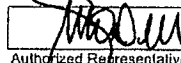
45226

(City)

(State)

(Zip Code)

Must be authenticated by an
authorized representative



Authorized Representative

6/27/2007

Date



Authorized Representative

Date

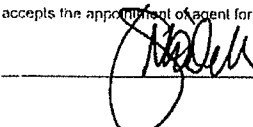
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

OEM Group, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.


(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____
(State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____
Ohio
(State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- the agent cannot be found, or
- the limited liability company fails to designate another agent when required to do so, or
- the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Authorized Representative

6/27/2007
Date

(Print Name) Jason O'Dell

Authorized Representative

Date

(Print Name)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/24/2008	200829701840	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

OJM GROUP LLC
8041 HOSBROOK RD., STE. 208
CINCINNATI, OH 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

O'DELL JARVIS MANDELL LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
200829701840



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 23rd day of October, A.D.
2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Must be one of the following:	
<input type="radio"/> Expedite	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> Non Expedite	PO Box 1329 Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <p><u>07-11-2007</u> Date of Formation</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <p>_____ Date of Formation</p>
<p>The undersigned authorized representative of:</p> <p><u>OJM Group, LLC</u> <u>1712826</u> Name of limited liability company Registration number</p>	

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

O'Dell Jarvis Mandell LLC
Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd."

This limited liability company shall exist for a period of: _____
Period of Existence

Purpose

☐ Check here if additional provisions are attached

REQUIRED
Must be (signed) by a
member, manager or
other representative.


Signature

10-10-08

Date

JASON M. O'DELL
Print Name

Signature

Date

Print Name

Signature

Date

Print Name



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/20/2008	200832402018	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

OJM GROUP LL
8041 HOSBROOK ROAD
STE 208
CINCINNATI, OH 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1819561**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 11/19/2013

Document No(s):

200832402018

O'DELL JARVIS MANDELL LLC
8041 HOSBROOK RD
STE 208
CINCINNATI, OH 45236



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 19th day of November,
A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Nonprofit)
Filing Fee \$50.00

RECEIVED

NOV 19 2008

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) <input checked="" type="checkbox"/> Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____
---	--	---

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

OJM Group**The Registrant is (Check Appropriate Box)**

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
<input type="checkbox"/> Limited Partnership: Reg. No. _____	<input type="checkbox"/> Unincorporated Association
<input checked="" type="checkbox"/> Ohio Limited Liability Co., Reg. No. <u>1712826</u>	<input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
<input type="checkbox"/> Ohio Corporation, Charter No. _____	
<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Other _____	

The name of the registrant designated above is

O'Dell Jarvis Mandell LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

8041 Hosbrook Rd. Ste 208
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Cincinnati Hamilton OH 45236
(City) (County) (State) (Zip Code)

200832402018
 Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Financial planning services

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)


(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED

Must be authenticated (signed)
 by an authorized representative
 (See Instructions)


 Authorized Representative

11-17-08
 Date

 Authorized Representative

 Date



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/10/2012	201219100480	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

JASON O'DELL
8044 MONTGOMERY RD
STE. 440
CINCINNATI, OH 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Document No(s):

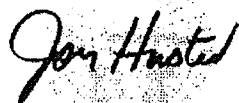
201219100480



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 5th day of July, A.D.
2012.

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee: \$50

2012 JUL -5 AM 9:19

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

07-11-2007

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

O'Dell Jarvis Mandell, LLC

Name of limited liability company

1712826

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

OJM Group, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

For any lawful purpose.

Form 543A

Page 1 of 2

Last Revised: 1/9/12

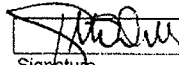
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

 _____

Signature

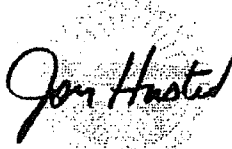
Manager

By (if applicable)

Jason O'Dell

Print Name

Signature_____
By (if applicable)_____
Print Name_____
Signature_____
By (if applicable)_____
Print Name



Form 590 Prescribed by:

JON HUSTED
 Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Consent for Use of Similar Name

 (To be filed with new business formation document or amendment to
 change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent	O'Dell Jarvis Mandell, LLC
Charter/Registration/License Number of Entity giving Consent	1712826
Gives it Consent To	OJM Group, LLC
To Use The Name	OJM Group

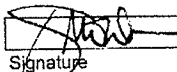
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

 Consent form must
 be signed by an authorized
 representative of the
 consenting entity.

 If authorized representative
 is an individual, then they
 must sign in the "signature"
 box and print their name
 in the "Print Name" box.

 If authorized representative
 is a business entity, not an
 individual, then please print
 the business name in the
 "signature" box, an
 authorized representative
 of the business entity
 must sign in the "By" box
 and print their name in the
 "Print Name" box.



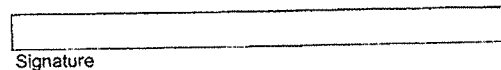
Signature

Manager

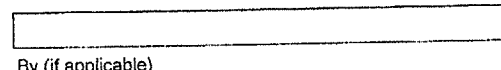
By (if applicable)

Jason O'Dell

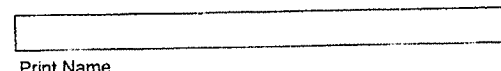
Print Name



Signature



By (if applicable)



Print Name

Form 590

Page 1 of 1

Last Revised: 2/6/12



DATE: 04/10/2014	DOCUMENT ID 201410000054	DESCRIPTION SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

KATZ TELLER BRANT & HILD LPA
AMY BROWN
255 E. 5TH ST., STE 2400
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER**201410000054****Effective Date: 04/09/2014**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 10th day of April, A.D.
2014.

Ohio Secretary of State

From: 513 762 0000 Page: 4/6 Date: 4/9/2014 3:41:35 PM



Form 521 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

**Statutory Agent Update
Filing Fee: \$25**

2014 APR -9 PM 3:40

(CHECK ONLY ONE(1) BOX)**(1) Subsequent Appointment of Agent**

- ☐ Corp (165-AGS)
☐ LP (165-AGB)
☒ LLC (171-LSA)
☐ Business Trust (171-LSA)
☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- ☐ Corp (145-AGA)
☐ LP (145-AGA)
☐ LLC (144-LAD)
☐ Business Trust (144-LAD)
☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- ☐ Corp (155-AGR)
☐ LP (155-AGR)
☐ LLC (153-LAG)
☐ Partnership (153-AGR)
☐ Business Trust (153-LAG)
☐ Real Estate Investment Trust (153-LAG)

Name of Entity **OJM Group, LLC**Charter, License or Registration No. **1712826**Name of Current Agent **Jason O'Dell****Complete the information in this section if box (1) is checked**Name and Address
of New Agent**Corporate Statutory Services, Inc.**

Name of Agent

255 E Fifth St Ste 2400

Mailing Address

Cincinnati

City

Ohio

State

45202

Zip Code

From: 513 762 0000 Page: 5/6 Date: 4/9/2014 3:41:35 PM

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, Corporate Statutory Services, Inc.,
Name of Agent, named herein as thestatutory agent for OJM Group, LLC,
Name of Business Entity, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: Corporate Statutory Services, Inc.
By: [Signature]
Individual Agent's Signature/Signature on behalf of Corporate Agent☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

Complete the information in this section if box (2) is checked

New Address of Agent
Mailing Address Ohio
City State Zip Code☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address
City State Zip Code

From: 513 762 0000 Page: 6/6 Date: 4/9/2014 3:41:35 PM


By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Authorized Representative

By (if applicable)

Jason O'Dell

Print Name

Authorized Representative

By (if applicable)

Print Name